

Executive Order 2008-01

Progress Report

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Report Provided By:

Governor's Office for Children, Youth and Families,
Division for Substance Abuse Policy

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Introduction

In her January 14, 2008 *State of the State* address, Governor Janet Napolitano called attention to the security of Arizona's children, particularly children involved with Child Protective Services (CPS). Governor Napolitano stated, "*It has become increasingly clear to me that to do more for our children, we need to do more about the substance abuse that grips their parents.*" On the same day, the Governor institutionalized this issue in the state to ensure that these families were first in line for substance abuse treatment and services by signing Executive Order 2008-01, *Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services*.

The purpose of this report is to provide the Governor with a comprehensive picture of all actions taken by state agencies pursuant to the Executive Order. This report fulfills the second requirement of the Executive Order by providing a report on progress made on the first requirement.

Overview of Executive Order 2008-01

A parent's abuse of drugs and alcohol has a serious negative impact on the well-being of his or her children. With nearly 80 percent of Arizona families referred to CPS being affected by substance abuse issues, there is a clear need to ensure that these families receive the services necessary to ensure the safety and security of their children. The Arizona Families, Families in Recovery Succeeding Together (F.I.R.S.T.). (AFF) program has been successful in providing services to this population, with 98 percent of the 4,366 clients served having no new substantiated CPS reports after enrollment. The success of AFF shows that with appropriate and immediate substance abuse treatment, children and parents involved with CPS can achieve a safe and stable environment. In addition, as Governor Napolitano indicated, state agencies need to ensure that these families are prioritized to receive services.

The Executive Order outlines five requirements:

1. All Executive Branch agencies administering substance abuse prevention and treatment funding must give priority to families referred to CPS. Agencies are also directed to maximize federal funds to the greatest extent possible before utilizing state funding.
2. All Executive Branch agencies must submit a written report describing the actions they have taken, pursuant to the first directive, to assess the impact of the Executive Order. The individual reports were submitted to the Arizona Substance Abuse Partnership (ASAP) on or before June 30, 2008. ASAP was then charged with providing the Governor with a comprehensive report of all actions taken pursuant to the Executive Order by September 30, 2008. This report fulfills this requirement.
3. The Department of Economic Security (DES)/ Division for Children, Youth and Families (DCYF) is required to establish a data collection mechanism to identify individuals involved with CPS that have substance abuse issues and refer them for treatment services.
4. All Executive Branch agencies that administer substance abuse prevention and treatment funding were required to report to the Governor by April 15, 2008 on their capacity to provide substance abuse treatment services to youth and adults. The result of this requirement was the *Substance Abuse Treatment Services Capacity Report*.
5. All Executive Branch agencies working with CPS-involved families must implement protocols to assess substance abuse treatment needs and guidelines and to coordinate the provision of services. This directive aims to streamline services and coordinate treatment among agencies.

Summary of Progress

Arizona's state agencies have responded to Executive Order 2008-01 by implementing innovative budgetary, programmatic and strategic changes that re-prioritize substance abuse treatment funding for families involved with CPS. This report, a deliverable of the second requirement, highlights some of the key actions taken to implement the first requirement of the Executive Order. From these actions emerge recommendations for important next steps that will further solidify the prioritization of this population in all facets of the state's substance abuse treatment system.

The first requirement of the Executive Order directs all Executive Branch agencies to maximize the use of federal funds before utilizing state funds. Many actions have been taken to ensure that those Arizonans eligible for Title XIX/XXI federal assistance are receiving guidance and assistance in securing access to these funds and subsequent services to ensure they receive the substance abuse treatment services they need at no additional cost to the state.

DES/DCYF was awarded a \$1.5 million federal assistance grant to develop the AFF Parent to Parent Recovery Program. This grant funds the Parent to Parent Program in Maricopa County which supplements existing AFF client services by utilizing peer recovery coaches for methamphetamine-using parents. This grant enhances the services provided to clients at no extra cost to the state, and funds an additional staff person to coordinate this program, freeing up the other Families F.I.R.S.T. statewide coordinators to spend their time and resources working around the state.

The inability for clients to obtain Arizona Health Care Cost Containment System (AHCCCS) eligibility has been an impediment to accessing treatment for families involved with CPS. Within DES, AFF and the Family Assistance Administration (FAA) have worked together to address the issue, identifying and implementing steps to improve the client's chances of gaining eligibility and thus to have the funding available to pay for the substance abuse treatment services they require. Strategies have been employed to acquire the information necessary to assist a client with applying for a birth certificate, as well as to educate providers about the acceptable documents that may be used to establish residency.

As was stated in the first requirement of the Executive Order, federal funds should be maximized before state funds are utilized, so that existing state funds can be directed to the prioritization of CPS families in receiving substance abuse treatment. To this end, DHS/DBHS has incorporated language into the Regional Behavioral Health Authority (RBHA) contract amendments that directs contractors to instruct subcontracted providers to screen all AFF clients for Title XIX/XXI eligibility. This will free up state funds in order to serve more clients.

The AFF program has been highly successful in providing substance abuse treatment services to families involved with CPS, with 98 percent of the 4,366 clients served having no new substantiated CPS reports after enrollment. This program provides valuable services that directly link to the Executive Order and serve its target population.

Programs and Strategic Planning

The Arizona Department of Corrections (ADC) has incorporated the prioritization of CPS involved families for substance abuse treatment services into their priority ranking system for inmates in need of treatment. This change will be incorporated into the Department's FY 2009 Annual Update to the Strategic Plan, and is aimed to ensure that inmates whose families are involved with CPS receive the treatment they need while incarcerated.

The Department is incorporating questions regarding CPS involvement into their Adult Information Management System which will allow reports to be generated identifying the number of inmates with CPS involved families and the status of their treatment. ADC and CPS are implementing a data sharing agreement that will allow ADC to identify inmates with families involved with CPS, to ensure that they receive the substance abuse treatment they need.

DES is finalizing a revision to the CPS Child Safety Assessment/Strengths and Risk Assessment/Case Plan tool which, when implemented by the end of 2008, will provide a better determination of the prevalence of substance abuse in CPS investigations resulting in the provision of appropriate and necessary services to CPS families.

As the single statewide council on substance abuse, ASAP has elevated the issue of child welfare and substance abuse by declaring it to be the first Strategic Focus Area for 2008. With Executive Branch agencies, federal partners and local and community partners at the table, ASAP has worked diligently to address the problems and action steps outlined in the Executive Action Briefing. The issue will continue to be a priority and focal area for efforts, and, in coordination with state agencies and other partners, steps are being taken to address the remaining problems and action steps.

Interagency Coordination

Interagency coordination is an essential component of improving the lives of children involved in the child welfare system.

Families referred to CPS that receive substance abuse treatment services are served by both DES and DHS/DBHS, and effective coordination between the agencies and staff involved with the families is imperative for comprehensively addressing the needs of the entire family unit, including the children.

Interagency coordination has improved since the release of the Executive Order. Throughout the process of creating the *Substance Abuse Treatment Services Capacity Report*, Governor's Office for Children, Youth and Families (GOCYF)/Division for Substance Abuse Policy (DSAP) staff, the Substance Abuse Epidemiology Work Group, DHS/DBHS and DES met and shared data and information as they worked toward the common goal of providing the Governor and the state with the most accurate assessment of Arizona's substance abuse treatment capacity. The cooperation between ADHS/DBHS, DES/DCYF and the Substance Abuse Epidemiology Work Group has paved the way for future work between these three groups to achieve consistent documentation and operational definitions. As necessary, other agencies will be included in these efforts to ensure adequate inclusion of agency needs.

This cooperative infrastructure is an achievement in itself, and will prove invaluable in assessing gaps in treatment capacity for families involved with CPS. It will be utilized in conducting the follow-up *Capacity Report* in 2009.

State Agency Actions in Response to the Executive Order

State agencies administering substance abuse prevention and treatment funding have made significant strides in following the direction of the Executive Order and prioritizing funding for families involved with CPS, as specified in the first requirement. In addition, several agencies identified ways to maximize federal funds before utilizing state funds. The following is a summary of state agencies' reports on their actions taken pursuant to the Executive Order.

Arizona Department of Corrections

ADC has taken actions to ensure that it delivers substance abuse treatment as necessary to inmates whose family members are involved with CPS so that upon their release their families and children will be safer and more secure. ADC's Department of Counseling and Treatment Services (CTS) is responsible for overseeing the delivery of substance abuse treatment to offenders in need of such services. Offender's treatment needs are identified through the use of an objective assessment instrument given by CTS staff, information provided by the courts and criminal justice system and self reports. Previously, offenders identified as having a need for substance abuse treatment are placed in one of four service categories, and receive services based on their need, time remaining on their sentence and their risk of recidivism. In response to the Executive Order, ADC has modified its priority ranking system to include inmates in need of substance abuse treatment whose families have been referred to CPS. This change will be incorporated in the FY 2009 Annual Update to the Department's Strategic Plan, and will be operational in the second quarter of FY 2009.

By the end of the first quarter of FY 2009, ADC and CPS will have implemented a data sharing agreement in order to put the Executive Order into action and ensure that ADC has the information necessary to identify inmates with families referred to CPS in a timely manner. The transfer of data will be performed semiannually or more frequently as needed. ADC has requested that CPS provide them with the name and vital information (date of birth, social security number) about the primary individual for whom they have an open case file, and the names and vital information of the parents/primary caregivers. In addition, ADC has requested the name and vital information of any individual known to have resided in or expected to return to the household. Other important information to be shared includes the reason for CPS involvement, case opening and closing dates, ethnic/racial background of the involved parties, incarceration information, the legal custodial status of the involved parties to the primary individual and any form of treatment reported for the involved parties.

ADC is establishing internal protocols for storing, tracking and utilizing information on inmates with family members referred to CPS. By the end of the first quarter of FY 2009 the Department's Adult Information Management System (AIMS) will have new fields that solicit information regarding an inmate's involvement with CPS, such as whether a family member has an open CPS case and the date the CPS case was opened and closed. This system

will produce independent priority ranking reports for inmates with families referred to CPS, to be utilized in substance abuse treatment prioritization, and will generate reports identifying the number of inmates with CPS involved families and their treatment status.

Arizona Department of Economic Security

DES/DCYF administers the AFF program jointly with ADHS/DBHS. The AFF program provides family-centered substance abuse and recovery support services to parents identified by CPS as having substance abuse problems that prohibit them from maintaining or reunifying children in the family's home. A comprehensive array of family-centered services are offered to AFF clients through nine providers contracted through DES, as well as through the RBHA's for clients that are Title XIX eligible.

Recognizing that AFF has been effective in providing treatment services to CPS involved families and thus in improving outcomes for children, AFF statewide coordinators provide training to CPS staff on referring families to the program in order to expand the program and make it available to as many people as possible. A program orientation is provided at the CPS training institute, and trainings are provided at individual CPS sites.

In October 2007 DCYF was awarded a \$1.5 million federal assistance grant to develop the AFF Parent to Parent Recovery Program. The Parent to Parent Recovery Program operates in Maricopa County and utilizes peer recovery coaches for methamphetamine-using parents. This program supplements existing AFF services by employing a team approach to motivate clients to seek substance abuse treatment services and utilize their family, social and community support systems. A specialist was hired in March 2008 to oversee the Parent to Parent Recovery Grant Award, and is funded by the federal grant. This additional staff person, hired at no cost to the state, allows Families F.I.R.S.T. statewide coordinators to concentrate their time and resources on the AFF program around the state.

The *Substance Abuse Treatment Services Capacity Report* stated that AFF is currently able to provide services to all families referred to the program without employing a waiting list.

However, some clients may be enrolled in a lower level of services than their assessed need indicates due to limited resources among providers for high-needs clients. As was stated in the *Capacity Report*, this reiterates the need to expand the AFF program and the number of AFF substance abuse treatment services to ensure that clients' needs are being met and that ultimately they are able to successfully maintain their families. The expansion of the state's capacity to provide treatment services, already underway by DHS/DBHS will help to ensure that AFF clients receive appropriate treatment services.

The average length of time of treatment for AFF clients increased from 159 days to 165 days, a positive outcome in ensuring that clients receive adequate treatment to ensure success. Substance abuse treatment and recovery is a long process, and proving additional days of treatment is a tangible way to assist CPS involved families with substance abuse issues.

The CPS Child Safety Assessment/Strengths and Risk Assessment/Case Plan tool (CSA/SRA/CP) is being revised in order to better determine when substance abuse is a contributing factor in CPS investigations.

The new tool, to be implemented by December 2008, will better capture data on substance abuse and alleged child abuse and neglect, and will assist case managers in assessing the needs of the client and identifying the services that are needed to protect the child. DES policies and procedures will be adapted in conjunction with the implementation of the new tool. DES will analyze the impact of the new tool on AFF referrals. With the implementation of this tool the state will be able to provide targeted and appropriate services to families, and in particular children, based upon data and screening.

The inability of families to acquire AHCCCS eligibility has been identified as a major barrier to providing substance abuse treatment services to CPS involved families. In order to address this barrier and thus ensure that families can receive and pay for the treatment services they need, AFF and FAA of DES worked together to identify specific barriers to eligibility and action steps for overcoming them. Action steps were then assigned to relevant staff and their completion is ongoing. Several action steps have been completed, not the least of which has been the ongoing communication and dialogue between AFF and FAA.

One of the barriers to AHCCCS eligibility that was identified is the lack of awareness among AFF providers regarding the list of documents, besides a birth certificate, that are acceptable to establish residency. To address this barrier, a list of acceptable documents was distributed at the April AFF providers meeting, followed by an informational email in July. It has been requested that providers ensure that all relevant staff receives the information.

Both AFF and FAA have encouraged their staff to be persistent and creative in gathering the background information necessary to request a birth certificate. Some of the strategies that were identified and have been employed include attending CPS Team Decision Making meetings to meet or learn about family members who may have information on the client's birth history, identifying and contacting relatives, and being persistent in acquiring a social/family history from the client. DCYF has had preliminary discussions with the Office of Vital Records regarding the feasibility of the DCYF eligibility unit requesting birth certificates on behalf of AFF clients.

The discussion surrounding barriers has encouraged knowledge expansion and information sharing among staff throughout AFF and FAA to facilitate the AHCCCS eligibility process for clients. For example, FAA has the ability to pay the fee for a client to obtain a birth certificate as long as they have enough information for a complete request. For clients who have been incarcerated, if household income or household composition remained unchanged during the offender's incarceration, reinstatement of eligibility is a simple process and by regaining eligibility will allow them to access the substance abuse treatment services they need.

Arizona Department of Health Services

ADHS has worked to prioritize the treatment needs of CPS families, as well as to increase and improve the State's treatment capacity in response to the *Substance Abuse Treatment Services Capacity Report*. In order to maximize the use of federal funds, ADHS/DBHS included language in the contract amendments for the RBHA's to incorporate the prioritization of CPS families for substance abuse treatment services. The new language states that *"The Contractor shall require subcontracted providers to screen all individuals receiving services through Arizona Families F.I.R.S.T. for Title XIX/XXI eligibility in order to maximize federal monies where possible. Federal monies include the SAPT Block Grant, which is intended for use by non-TXIX eligible persons in need of substance abuse treatment and are available for families involved with*

CPS who are in need of substance abuse treatment." In addition, modifications are underway on the Provider Manual Section 4.4, *Coordination with other Government Entities* to include an attachment for RBHA substance abuse treatment providers that will provide a step by step process for handling AFF referrals and ensuring that funding sources are maximized.

ADHS/DBHS has added new expectations for RBHA's relating to monitoring and tracking the use of SAPT Block Grant dollars to ensure they are being used fully and as intended. ADHS/DBHS has implemented stronger oversight in relation to these funds.

ADHS/DBHS and DES/DCYF have conducted joint coaching sessions for RBHA adult substance abuse providers receiving referrals from AFF. To date, coaching sessions have been held in Kingman/Bullhead City, Tempe, Show Low and Yuma. These coaching sessions serve as an opportunity for treatment providers to review clinical practice, engage in cross agency service coordination and ensure that federal funds are maximized.

ADHS/DBHS invited AHCCCS to share information with the RBHA's through Health-e-Arizona, a web-based eligibility screening and application referral system. Health-e-Arizona screens each applicant for eligibility for most Arizona Medicaid programs and KidsCare. RBHA's have been encouraged to make this system available to their contracted providers in order to expedite and facilitate the eligibility screening and referral process.

In summer 2008 ADHS is launched a program to implement screening for substance use disorders in women who are pregnant or have infants. The Bureau of Women's and Children's Health was awarded a private grant for this project and is working with DBHS to ensure that there is a clear system of referrals to treatment for women found to have substance abuse disorders.

ADHS/DBHS is finalizing revisions to the Behavioral Health Core Assessment and will require the use of nationally recognized substance abuse screening tools (UNCOPE for adults and CRAFFT for children). If the screen is positive, a comprehensive substance abuse assessment will then be completed to identify treatment needs. The revised assessment expectations will be implemented in 2009 after the completion of extensive training.

Health Services Advisory Group was hired to conduct an independent case review of the women's residential substance abuse programs. Approximately 167 chart reviews were conducted and a final report will be released in fall 2008. In addition, ADHS/DBHS conducted quality reviews of adolescent Intensive Outpatient Programs (IOP) substance abuse programs, and a final report will be released in fall 2008.

Clinical Practice Protocols are in the process of being updated. These include protocols addressing substance abuse treatment in adolescents, substance abuse treatment in women, and the treatment of co-occurring disorders.

Arizona Department of Juvenile Corrections

Approximately 84 percent of the youth adjudicated to ADJC have substance abuse or substance dependent disorders. As such, the Department included the goal to "...enhance treatment services to youth by providing structured, evidence-based treatment services for juveniles in secure care and in the community in its five-year strategic plan." Specialized chemical dependency programs for youth suffering from addictions are utilized to provide substance abuse treatment services and to support productive life skills. Each youth adjudicated to ADJC has a Continuous Care Plan (CCP) to serve as the roadmap for treatment in the progression from secure care to community supervision. By providing incarcerated youth with the substance abuse treatment services they need the state is helping to prevent substance abuse in the youth's adult life and potentially as a parent.

ADJC has taken steps to incorporate the families of adjudicated youth in their recovery and care. The Department has family liaisons at each of its four institutions whose duty is to provide information on youth drug use to parent education groups.

With the participation of the juvenile, his or her family and CPS (if the youth is involved in the child welfare system), the Multi-Disciplinary Team (MDT) process, a development and review of the juvenile treatment plan, is being revised to allow for an on-going progress review.

ADJC recognizes the importance of a smooth service transition (from secure care to the community setting), and all facility and community corrections staff have been trained in the "Readiness Procedure for Release", which bridges treatment and chemical de-

pendency services upon release to the community. In addition, all contracted treatment providers have agreed to consult with youth while they are still housed in secure care in order to ease their transition back into the community.

The automated youth base scheduling system has been adapted so that in addition to producing a parental notification and invitation for scheduled hearings and other events, the identified CPS case worker (for youth involved in the child welfare system) will receive an email notification.

Governor's Office for Children, Youth and Families

The Arizona Parents Commission on Drug Education and Prevention (Parents Commission), which is staffed and administered through GOCYF/DSAP, has made child welfare and substance abuse one of its focus areas and has made funding decisions targeting the Executive Order. In FY 2009 the Commission will award \$2 million through a competitive grant process to programs around the state that fall under one of three categories: Prevention programs designed to enhance family bonding and parenting skills for families of gang involved youth; Family-focused prevention programs designed to provide support and training in drug education and information to parents and/or guardians of youth admitted to the emergency room or urgent care for alcohol or drug related causes; and family skills training programs at facilities providing substance abuse treatment services. The third category responds directly to the Executive Order in recognizing the importance of incorporating comprehensive family care into substance abuse treatment. These programs will provide essential family skills training programs to CPS involved substance abuse treatment clients, improving their chances of successful parenting and improving the safety of their children.

The Parents Commission has funded the Healthy Families Arizona program through DES since 2000, and approved \$700,000 in funding for the program for 2009. The Healthy Families Arizona program is a voluntary home-visitation program serving pregnant women and their families and families of newborns (up to the age of five). The program is a family-centered, community-based, multi-disciplinary program designed to enhance family functioning and to minimize the incidence of child abuse and neglect, including a reduction of dependency on drugs and alcohol. The program served 5,869 families during fiscal year 2007, and 99.7 percent of program families had no substantiated report of child abuse and neglect.

GOCYF/DSAP also staffs and administers ASAP and all of its sub-committees. As the single statewide coordinating body for substance abuse programs, ASAP provides strategic direction on policy and programs to agencies involved in substance abuse prevention, treatment and enforcement. Recognizing the need to immediately coordinate a systematic response to the Executive Order, ASAP chose *The Need for Enhanced Treatment within the Child Welfare System* as the first of its four Strategic Focus Areas. The mission of this focus area is to increase the state's capacity to meet the needs of families affected by substance abuse issues within the child welfare system. This focus area serves to implement and support the Executive Order. An Executive Action Briefing was produced for each Strategic Focus Area to outline the problems, action steps and responsible parties necessary to achieve real progress and produce essential outcomes. The Executive Action Briefing for child welfare identified five overarching problems that could be addressed through 19 specific action steps.

ASAP has made significant progress in addressing the problems and tackling the action steps laid out in the Executive Action Briefing for the *Child Welfare and Substance Abuse* Strategic Focus Area. One of the problems identified is insufficient tracking and documentation across agencies regarding the need for substance abuse treatment for families within the child welfare system. ASAP and the Substance Abuse Epidemiology Work Group have made progress in these areas, identifying the diverse data sources across state agencies, establishing a unified data collection structure and coordinating the analysis of substance abuse data across agencies. The experience of interagency cooperation to collect data and produce the *Substance Abuse Treatment Services Capacity Report* proves that the state needs to continue its efforts to break down silos between agencies and work towards common goals.

Substance Abuse Treatment Services Capacity Report

The *Substance Abuse Treatment Services Capacity Report* was presented to Governor Napolitano at her Children's Cabinet Meeting on April 15, 2008. Produced in response to the fourth requirement of the Executive Order, the *Capacity Report* provided the Governor a snapshot of the state's capacity to provide treatment services to youth and adults, including a breakdown of residential, detoxification, specialty providers, stabilization and outpatient care services by geographic area.

The *Substance Abuse Treatment Services Capacity Report* was informed by data collected by the Arizona Department of Health Services (ADHS)/Division of Behavioral Health Services (DBHS), DES/DCYF and the Substance Abuse Epidemiology Work Group. The coordinated efforts of these three entities established a baseline to identify areas of need and will be integrated into ADHS/DBHS's network development and system of care plans.

Key findings of the *Capacity Report* include:

- The total number of providers across the state contracted through ADHS/DBHS to provide substance abuse treatment services to adults is 133.
- These 133 providers staff a total of 327 outpatient clinics; 251 specialty treatments; 1,010 residential substance abuse beds; 355 detoxification inpatient beds; 180 detoxification sub-acute beds; 40 stabilization services; and 18 methadone clinics.
- At any one time, AFF providers have the capacity to service 1,207 individuals in non-residential services and 27 individuals in residential services through DES AFF funding. AFF providers report that they are either over-capacity or at-capacity with no waiting list. Most providers verbally report that in actuality, they exceed capacity in an effort to avoid waiting lists to ensure that clients ready for treatment are able to receive services. In addition, providers verbally report that, due to capacity limitations, some clients receive a less-intensive level of service while waiting for availability of a more appropriate, higher-level of care. This indicates the need for expanding the AFF program, including the number of AFF substance abuse treatment services, to ensure that clients are provided with services critical to the maintenance of their families.

- When examining the number of substance abuse treatment providers by Geographic Service Area (GSA), it is not surprising that the highest number of treatment providers is located in Maricopa County (GSA 6). However, when examining the number of AFF providers per capita, we see that the number of providers per 100,000 adults within each GSA gives us a much different picture of the state's capacity to provide substance abuse treatment services. Notably, the number of treatment providers per 100,000 adults is highest in GSA 4, which is inclusive of Gila and Pinal counties, and in GSA 1, which covers the northernmost parts of the state. The GSA with the lowest number of AFF service providers per capita is GSA 6, the most populous area of the state. These data uncover a need for more AFF treatment providers in Maricopa County.

Next steps to follow up on the *Capacity Report* have been established and are underway. Some of these next steps include:

- The data collection process employed for this report will be enhanced and instituted on a yearly basis in order to assess changes in the state's capacity to provide substance abuse treatment services and to assess gaps in service capacity in each county/ GSA.
- The coordination between DES, ADHS and the Substance Abuse Epidemiology Work Group that was instrumental in this data collection will continue in order to ensure that the network inventory provides information that meets the needs of all audiences.
- Mapping the addresses and zip codes of the substance abuse treatment service providers using Geographic Information Systems (GIS) software will graphically portray the locations of service providers to begin to determine gaps in services by type of service provider.
- DBHS will conduct site visits to review the program effectiveness and will be making recommendations to providers for program improvements. They will also be targeting expansion where it appears to be most needed.

Expansion of Capacity to Provide Substance Abuse Treatment Services

The release of the *Substance Abuse Treatment Services Capacity Report* elucidated the need to target expansion of treatment services where they are most needed and to review the effectiveness and quality of programs currently in place. As a next step to the *Capacity Report*, ADHS/DBHS has initiated a review of program effectiveness and will be making recommendations to providers for program improvements. An independent case review of women's residential treatment programs is currently in progress, and it is anticipated that 167 chart reviews will be conducted. In addition, to date, ADHS/DBHS has conducted adolescent substance abuse program quality reviews at six sites.

ADHS/DBHS has expanded the capacity to serve those in need of stabilization services in rural areas of the state by opening substance abuse stabilization centers in Payson, Yuma, Globe, Holbrook and Winslow.

ADHS/DBHS has adapted the FY 2009 Adult System of Care Development Plan to include objectives associated with the enhancement of substance abuse treatment services. The four primary objectives are:

- Ensure that individuals with substance use challenges have access to and receive appropriate services.
- Ensure that appropriate service recipients have access to Buprenorphine, a drug used to treat opioid addiction.
- Analyze the provider network's ability to meet the needs of individuals with co-occurring issues and provide the data to DBHS.
- Ensure that Substance Abuse Prevention and Treatment funding is expended in accordance with priorities outlined in the grant and ADHS/DBHS Provider Manual.

ADJC is currently reviewing a proposal to convert a general population unit to a chemical dependency treatment unit, a result of their analyses of treatment capacity. This conversion would create an additional fifth unit for chemical dependency and would increase the number of beds available to adjudicated youth in need of treatment services. In turn, this expansion of capacity would increase the state's capacity to provide substance abuse treatment services to CPS involved families. ADJC has

implemented a quality review process to assess the quality of chemical dependency and mental health services being delivered.

Conclusions and Next Steps

It is clear that Arizona's Executive Branch agencies have accomplished much in shifting their focus and prioritizing their budgets, programs and strategic plans to address the gripping need to provide substance abuse treatment services to CPS-involved families. Change and action pave the way for outcomes, but it will be important to monitor and measure the progress of these budgetary, programmatic and strategic interventions in order to ensure that they indeed benefit those most affected by substance abuse, the children.

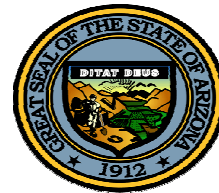
ASAP will continue to focus on child welfare and substance abuse as one of its Strategic Focus Areas and in so doing will continue to coordinate state agencies and other partners to ensure that the requirements of the Executive Order are being addressed and progress being tracked. ASAP is considering the possibility of creating a Child Welfare and Substance Abuse Sub-Committee to monitor the outcomes of the Executive Order and adopt the Executive Action Briefing as a work plan from which outcomes will continue to be produced.

In 2009, ASAP and its partner agencies will improve protocols and forms for all agencies involved with families within the child welfare system in order to consistently document and assess substance abusing behaviors in these families and be able to provide a coordinated approach to family services, particularly for the children.

An improved CPS Child Safety Assessment/Strengths and Risk Assessment/Case Plan tool will be implemented by the end of 2008 and will provide a better determination of the prevalence of substance abuse in CPS investigations resulting in the provision of appropriate and necessary services to CPS families. By the end of 2009 this tool will have been successfully employed and adjustments made to ensure that it is as effective as possible in identifying the substance abuse treatment needs of CPS involved families.

DES, in collaboration AOC and ADHS is working to bring technical assistance aimed at child welfare and substance abuse to Arizona. In May 2008 DES was contacted by the National Center on Substance Abuse and Child Welfare (NCSACW) with an offer to provide in-depth technical assistance designed to facilitate cross-system collaboration among the state's child welfare, substance abuse and court systems to develop and promote system change. DES, along with DHS and AOC has conducted a series of meetings to learn more about this opportunity. The possibility of in-depth technical assistance comes at an ideal time to help implement and institutionalize the Executive Order by creating long term systemic change to improve

the delivery of substance abuse services to the child welfare population. An application from the three agencies is due to the NCSACW on October 31, 2008, and decisions will be made in January 2009. The agencies are in the final stages of research to determine the feasibility of moving forward with this exciting opportunity.



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Appendix 1: State Agency Progress Report Submissions